

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
61428458

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	37	→	→	→		
TOTAL CLAIMS	40	■■■■	■■■■	■■■■		

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TOTAL IND.								
TOTAL DEP.		→	→	→				
TOTAL CLAIMS		■■■■	■■■■	■■■■				